Name In Full William Brown

Certificate of Death

Died at Town Wicomico County Co MARYLAND

Date 189 9 Month Aug Day 12 | Age Y. 6 M. 6 D. | Native of Md | Occupation Farmer

Male — White — Married — Widow Divorced

Female Colored Single Widower — Number of children living 6

Husband of Wife Eliza Brown

Father's Name Mother's Name

Cause of Death: Primary 22a | How long sick 4 weeks

Immediate Consumption | Accident, Suicide, Homicide

Reported by S. G. Cooper Mardela Springs

Address Wicomico Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. L. G. Wilson

of Mardela Springs Md.

Seen by Coroner

of

Name in Full: Wm. H. Dixon

Certificate of Death

Died at: Town: Salisbury County: Wicomico MARYLAND

Date 189 9 Month 8 Day 5th | Age Y. 7 M. 1 D. 17 | Native of Wicomico | Occupation None

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number ~~of children~~ living

Husband of Wife ✓

Father's Name ✓ Dixon (?)

Mother's Name Sallie Parsons

Cause of Death: Primary Paralysis 44 | How long sick 3 wks

Immediate Asthma | ~~Accident, Suicide, Homicide~~

Reported by [illegible]

Address Salisbury, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

Willard Dunn

Died at Bivalve Town County Wicomico MARYLAND

Date 1899 Month 8 Day 21 | Age Y. 30 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 1526

Cause of Death { Primary Gunshot Wound | How long sick

Immediate | ~~Accident, Suicide~~, Homicide

Reported by Snow Hill Advocate

Address 8-26

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificate of Death

Elzey — Dufant

Town — County

Died ~~at~~ Salisbury — Wicomico — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Aug.	24	11			Wicomico	———

Date 189[illegible]

~~Male~~ — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — Widower — ~~Number of children living~~

~~Husband of~~

~~Wife~~

82

Father's Name: Harry P. Elzey

Mother's Name: Mary Elzey

Cause of Death — Primary: Acute Indigestion — How long sick: 3 or 4 days

Immediate: Heart failure from toxaemia — Accident, Suicide, Homicide

Reported by: Louis Williams M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Erhman Grahm

Certificate of Death

Died at Town Mardela Springs County Wicomico Co. MARYLAND

Date 1899 Month Aug Day 9 | Age Y. M. D. 28 yrs | Native of Md | Occupation Farmer

Male — White — Married — Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife Jennie Grahm

Father's Name Mother's Name

Cause of Death Primary 22a How long sick 2 months

Immediate Consumption Accident, Suicide, Homicide

Reported by S. H. Cooper Mardela Springs

Address Wicomico Co Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. L. H. Wilson

Information contained in this certificate r
ceived from _____

, of _____

Name in Full Was not yet named when she died Gravenor

Certificate of Death

Died at Town Wango County Wicomico MARYLAND

Date 1899 Month aug Day 20 | Age Y. 0 M. 6 D. 3 | Native of | Occupation

~~Male~~ Female ~~White~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife Infant

Father's Name King Gravenor Mother's Name Lida Tarr Gravenor

Cause of Death: Primary Dysentery How long sick one week

Immediate Do not know ~~Accidental, Suicidal or Homicide~~

Reported by Geo. W. Truitt, M.D.

Address Parsonsburg Wicomico Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70P08

Name In Full

No Name "Infant" Groves

Certificate of Death

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: Aug Day: 8 | Age Y. 8 M. D. | Native of: Md | Occupation:

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of Infant

Father's Name: Garrett D. Groves Mother's Name: May Groves

Cause of Death — Primary: 140 How long sick: 4 days

Immediate: Infantile Tetanus ~~Accident, Suicide, Homicide~~

Reported by: W. M. Clemons M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

No Name Hayman

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month Aug. Day 4 Age Y. M. D. 3 hours Native of Wicom Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of child-an living~~

~~Husband~~ ~~Wife~~ of

Father's Name Allison Hayman Mother's Name Mrs. Hayman

Cause of Death: Primary Premature Birth 1388 How long sick

Immediate Accident, Suicide, Homicide

Reported by Louis W. Munn M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Kissie Jones

Died at Town Home County Wic MARYLAND

Date 1899 Month Aug Day 6 | Age Y. 23 M. D. | Native of U S | Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ ~~of~~

Wife

Father's Name

Mother's Name

96

Cause of Death: Primary Acute Uraemia

Immediate Convulsions

How long sick 24 hours

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by — — —

J 9 5 Long

Address Allen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Daniel Kelly

Certificate of Death

Died at Town Near Parsonsburg County Wicomico MARYLAND

Date 189 9 Month aug. Day 19. He does not know his age Yrs supposed to be 74 M. D. Native of Maryland Occupation Farming

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Mary McClane

Father's Name Mother's Name

Cause of Death: Primary Rheumatism — How long sick about 1 week

Immediate, General Failure of the vital is all I know

~~Accident, Suicide, Homicide~~

Reported by Geo. W. Truitt M. D.

Address Parsonsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Geo. N. Middleton

Certificate of Death

Died at Town Pittsville County Wicomico Co MARYLAND

Date 1899 Month Aug Day 3 | Age Y. 1 M. D. 24 | Native of Md. | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name Thos Middleton

Mother's Name Maggie M. Middleton

Cause of Death: Primary Whooping Cough 7 | How long sick 10 days

Immediate Cholera Infantum | Accident, Suicide, Homicide

Reported by G. N. Freeny,

Address Pittsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Certificate of Death

Napp

Town —

County Wicomico

Died at Manticoke

MARYLAND

Date 1899 Month 8 Day 14 | Age Y. 5 M. D. | Native of | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Edward Napp

Mother's Name

Cause of Death { Primary Drank lye 151 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Courier Salisbury

Address 8-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

George W. Nutter

Certificate of Death

Died at Town: Allen County: Wicomico MARYLAND

Date 1899 Month: 8 Day: 28

Age Y.: 40 M.: 1 D.: 10

Native of: Md

Occupation: Farmer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ Widow Widower Divorced

Number of children living: 3

Husband ~~Wife~~ of Georgeanna Nutter

Father's Name

Mother's Name 97

Cause of Death — Primary: Bright's Disease — How long sick: 15 days

Immediate — Accident, Suicide, Homicide

Reported by E. A. Denson

Address Undertaker Whaland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74998

Name In Full

Certificate of Death

Rachel Jane Todrin

Died at Town: near Salisbury, County: Worcester, MARYLAND

Date 1899 Month: Aug. Day: 2nd

Age Y. 66 M. D.

Native of Maryland

Occupation Housewife

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ Widow ~~Widower~~

~~Divorced~~

Number of children living 7

~~Wife~~ Husband of James Todrin

Father's Name William McGrath

Mother's Name 161

Cause of Death: Primary: Died Suddenly

How long sick —

Immediate: exact cause unknown

~~Accident, Suicide, Homicide~~

Reported by Louis W. Morris M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name In Full: Julia Wilson

Certificate of Death

Died at: Town: Gardela Springs County: Wicomico Md MARYLAND

Data 1899 Month: Apr Day: 1 | Aga Y. M. D.: 2 yrs | Native of: Md | Occupation:

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name: Billie Wilson | Mother's Name: Samantha Wilson

Cause of Death: Primary 100 | How long sick: 3 months

Immediate: Kidney trouble | Accident, Suicide, Homicide

Reported by: J. H. Cooper Gardela Springs

Address: Wicomico Co Md.

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. L. G. Wilson

of Guardela Springs

Seen by Coroner _____

of _____